

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

A.

Full Name (Last, First, Middle Initial)

Carol Bickelman

Mailing Address 2700 Campbell Road, NW

City

Albuquerque

State

NM

Zip Code

87104

FEC ID number of contributing federal political committee.

C

Name of Employer
Youth & Family Centered
Service

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.5590

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ms Barbara Blevins

Mailing Address 3168 W. Gallaher Ferry Road

City

Knoxville

State

TN

Zip Code

37932

FEC ID number of contributing federal political committee.

C

Name of Employer
Peninsula Behavioral Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.5533

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Chris Boling

Mailing Address 411 Estes Road

City

Fordyce

State

AR

Zip Code

71742

FEC ID number of contributing federal political committee.

C

Name of Employer
Youth & Family Centered
Service

Occupation
Divisional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.5578

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)